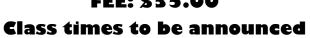


McComb Recreation Department Boot Camp for Boys June 13-17, 2016







Participant Name	Age	Date of Birth		
Parent's Name	Telephone (Home)	(Work)	(Cell)	
Mailing Address	Pa	Participant's Cell		
Do you have health insurance: Y_	N (Name of Insurance)			
Address:				
ist any medical problems that ma	y limit physical activity.			
	RELEASE BY PARENT OR GUA	RDIAN		
I, AM THE NAT	URAL PARENT AND/OR GUARDIAN C	OF THE MINOR CHILD	CHILD	
PARENT WHOSE BIRTHDAY IS	BY VIRTUE OF AND IN THI	E CITY OF McCOMB A	CHILD ND ITS DEPARTMENT OF	
BIRTH DAT	E OR CHILD TO PARTICIPATE IN THE FO			
	BOOT CAMP	NID DEDADTMENT ED	OM ANY DECDONCIDII	
ITY FOR ANY HARM OR INJURY, (CEXPERIENCE OR SUFFER FROM WEOPERATED OR CREATED BY SAID SAID CITY AND DEPARTMENT WILL MY CHILD FROM BODILY INJURY 1	MINOR CHILD, RELEASE SAID CITY A DR ANY LIABILITY WHICH MAY RESU HILE PARTICIPATING IN OR ATTENDI CITY AND DEPARTMENT. I FURTHER LL PROVIDE NO HEALTH AND ACCID HE/SHE MAY SUFFER WHILE PARTIC READ AND UNDERSTOOD THE ABOV	JLT THEREFROM) WH ING A RECREATIONAI R RECOGNIZE AND AC ENT INSURANCE FOR IPATING IN THE CITY	ICH SAID CHILD MAY ACTIVITY SPONSORED KNOWLEDGE THAT THE MY CHILD TO COVER AND DEPARTMENT REC	
	IILD TO BE INCLUDED IN PHOTOGRA OMB RECREATION DEPARTMENT/CIT		FOR THE PROMOTION	
SIGNED	DATE			
	For Official Use			